UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: JOSE RAMIREZ JR	Case No. 17-11453
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 04/11/2017.
- 2) The plan was confirmed on 06/06/2017.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on \underline{NA} .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 08/21/2018.
 - 6) Number of months from filing to last payment: 13.
 - 7) Number of months case was pending: 17.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$3,687.50 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$3,687.50

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$3,304.74
Court Costs \$0.00
Trustee Expenses & Compensation \$173.70
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$3,478.44

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AMERICAN FAMILY INSURANCE	Unsecured	64.00	NA	NA	0.00	0.00
AMERICAN FAMILY INSURANCE	Unsecured	116.00	NA	NA	0.00	0.00
ATG CREDIT	Unsecured	351.00	NA	NA	0.00	0.00
AURORA EMERGENCY ASSOC	Unsecured	675.00	675.00	675.00	0.00	0.00
Choice Recovery	Unsecured	101.00	NA	NA	0.00	0.00
CONSULTANTS IN CLINICAL PATHO	Unsecured	460.00	NA	NA	0.00	0.00
HOLY CROSS HOSPITAL	Unsecured	800.00	NA	NA	0.00	0.00
LCMH AND HEALTHCARE CENTER	Unsecured	193.00	NA	NA	0.00	0.00
LITTLE CO OF MARY HOSPITAL	Unsecured	3,200.00	NA	NA	0.00	0.00
LITTLE CO OF MARY HOSPITAL	Unsecured	12,500.00	NA	NA	0.00	0.00
MERCY HOSPITAL	Unsecured	115.00	NA	NA	0.00	0.00
MERCY MEDICAL GROUP	Unsecured	200.00	NA	NA	0.00	0.00
MONTERAY/EZ PAY	Unsecured	867.00	NA	NA	0.00	0.00
MT SINAI HOSPITAL	Unsecured	1,080.00	NA	NA	0.00	0.00
PIYUSH BUCH MD	Unsecured	150.00	NA	NA	0.00	0.00
TITLEMAX OF ILLINOIS	Secured	1,396.00	2,208.73	147.25	147.25	61.81
TITLEMAX OF ILLINOIS	Unsecured	533.00	NA	NA	0.00	0.00
UIC DEPT OF RADIOLOGY	Unsecured	200.00	NA	NA	0.00	0.00
UIC MEDICAL CENTER	Unsecured	2,500.00	NA	NA	0.00	0.00
UIC PATHOLOGY	Unsecured	250.00	NA	NA	0.00	0.00

Claim	Principal	Interest
Allowed	<u>Paid</u>	<u>Paid</u>
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$147.25	\$147.25	\$61.81
\$0.00	\$0.00	\$0.00
\$147.25	\$147.25	\$61.81
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00
\$675.00	\$0.00	\$0.00
	\$0.00 \$0.00 \$147.25 \$0.00 \$147.25 \$0.00 \$0.00 \$0.00 \$0.00	Allowed Paid \$0.00 \$0.00 \$0.00 \$0.00 \$147.25 \$147.25 \$0.00 \$0.00 \$147.25 \$147.25

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$3,478.44 \$209.06	
TOTAL DISBURSEMENTS :		<u>\$3,687.50</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 09/24/2018 By: /s/ Tom Vaughn
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.